

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90430 023 \*\*\*\*50.00

**DOCUMENT # L03000004070**

1. Entity Name  
CORAL BAY HEALTH CARE ASSOCIATES, LLC



Principal Place of Business  
2939 S. HAVERHILL RD.  
WEST PALM BEACH, FL 33415

Mailing Address  
10210 HIGHLAND MANOR DRIVE, STE. 250  
TAMPA, FL 33610

00000004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

303 Perimeter Center North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Atlanta, GA

Zip

Country

Zip

30346

Country

US

02052007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

41-2077421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Delete  
NAME ALPHA HEALTH CARE PROPERTIES, LLC  
STREET ADDRESS 10210 HIGHLAND MANOR DR, STE 250  
CITY-ST-ZIP TAMPA, FL 33610

TITLE Manager ☐ Change ☒ Addition  
NAME Jackalyn Fignar  
STREET ADDRESS 2939 South Haverhill Road  
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Jackalyn Fignar* Jackalyn Fignar

2/7/07

Date

561-641-3130

Daytime Phone #